

<b>CLAIMS ONLY</b>							Application Number <b>10/801164</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	2		2		2		2		2	
Total Depend	28		28		28		28		28	
Total Claims	30		30		30		30		30	